

# NOTICE OF INTENT TO COMPLY WITH MAINE MULTI-SECTOR GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

Submission of this Notice of Intent (NOI) constitutes the expressed intent of the entity in Section B to be authorized to discharge pollutants to waters of the State, from the facility or site identified in Section C, under DEP's Stormwater Multi-sector General Permit (MSGP). Submission of the NOI also constitutes certification that the responsible official understands and meets the eligibility conditions of Part I of the MSGP; agrees to comply with all applicable terms and conditions of the MSGP and understands that continued authorization under the MSGP is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on this form must be completed and a \$300 check made payable to "Treasurer, State of Maine" is submitted with the NOI. **Please read the instructions on the back of this NOI prior to completing this form.**

## A. Permit Selection

If a renewal, Permit number assigned to your facility under the previous EPA Multi-Sector General Permit:

## B. Facility Contact Information

Applicant Name: (Owner or Operator)		Applicant Mailing Address:			
Town/City: Unorganized Twp		State:		Zip Code:	
Daytime phone: (with area code)		Email if available:			

## C. Facility/Site Information

Facility/Site Name:		Latitude: (if known)		Longitude: (if known)	
Location Address: Street/P.O. Box		Town/City:			
County:		State:	Maine	Zip Code:	
Permit Applicant:	<input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other public entity				

Does the facility discharge stormwater directly or indirectly into:	Receiving water(s)? Name(s) of receiving waters: or A municipal separate stormwater sewer system (MS4)? Name(s) of MS4 operator:
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The 4-digit Standard Industrial Classification (SIC) Code(s) or the 2-letter Activity Code(s) that best represent the primary products produced or services rendered by your facility and major co-located activities;	Primary #:		Secondary # (if applicable):	
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Applicable sector(s) of industrial activity, as designated in Part III (D)(5) of the MSGP, that include associated discharges that you seek to have covered under this permit (choose all that apply):	<input type="checkbox"/> Sector A <input type="checkbox"/> Sector B <input type="checkbox"/> Sector C <input type="checkbox"/> Sector D <input type="checkbox"/> Sector E <input type="checkbox"/> Sector F <input type="checkbox"/> Sector G <input type="checkbox"/> Sector H <input type="checkbox"/> Sector I <input type="checkbox"/> Sector J <input type="checkbox"/> Sector K <input type="checkbox"/> Sector L <input type="checkbox"/> Sector M <input type="checkbox"/> Sector N <input type="checkbox"/> Sector O <input type="checkbox"/> Sector P <input type="checkbox"/> Sector Q <input type="checkbox"/> Sector R <input type="checkbox"/> Sector S <input type="checkbox"/> Sector T <input type="checkbox"/> Sector U <input type="checkbox"/> Sector V <input type="checkbox"/> Sector W <input type="checkbox"/> Sector X <input type="checkbox"/> Sector Y <input type="checkbox"/> Sector Z <input type="checkbox"/> Sector AA <input type="checkbox"/> Sector AB <input type="checkbox"/> Sector AC <input type="checkbox"/> Sector AD
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## D. Certification

By my signature below as a responsible official for the entity identified in Section C of this NOI, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted; that the information submitted is, to the best of my knowledge and belief, after inquiry with all other necessary individuals, true, accurate, and complete.

Printed Name:		Date:	
Title:			
Signature:			

**Send the NOI form, with a check for \$300 made payable to "Treasurer, State of Maine" to Maine Dept. of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017.**

OFFICE USE ONLY	Ck.#		Date Received		NOI #	
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### ***Instructions for Completing the NOI Form***

To complete this form, type or print, in the appropriate areas only. If printing use uppercase letters. Make sure you have addressed all applicable questions and have made a photocopy for your records before sending the completed form to **Maine Dept. of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017.** **Note** A copy of the initial NOI form shall be provided by the applicant to the municipal office of the town or city, or the county commissioners in the case of an unorganized territory, in which the discharge will occur at the time it is submitted to the Department.

#### **Section A: Permit Selection**

If a renewal enter the permit number assigned to your facility under the October 30, 2000, EPA Multi-Sector General Permit. (this number begins with MER05....) **If you are a new permittee, leave this section blank.**

#### **Section B: Facility Owner or Operator Information**

1. Provide the legal name of the person, partnership, co-partnership, firm, company, corporation, association, trust, estate, governmental entity or other legal entity that operates the facility or site described in this application. The name of the operator may or may not be the same as the name of the facility. The responsible party is the legal entity that controls the facility's operations, rather than the plant or site manager.
2. Provide the telephone number of the facility owner or operator.
3. Provide the mailing address of the facility owner or operator. Include the street address or P. O. Box, city, state and zip code. All correspondence regarding the permit will be sent to this address, not the facility address in Section C.

#### **Section C: Facility/Site Information**

1. Enter the official or legal name of the facility or site.
2. Enter the complete street address (E911 in Maine), if no street address exists, provide a geographic description (e.g., Intersection of Routes 9 and 55), city/town, county, state and zip code. Do not use a P. O. Box.
3. Enter the latitude and longitude (**if known**) of the approximate center of the facility or site in degrees/minutes/seconds. Latitude and longitude can be obtained by using a GPS unit, or by searching for your facility's address on several commercial "map" sites on the Internet.
4. Place an 'X' in a box to indicate whether the facility is operated by a private, tribal federal, state, or other public entity such as a city, town or county.
5. Indicate whether the facility or site discharges stormwater directly or indirectly into a receiving water(s) and/or a municipal separate storm sewer system (MS4). Enter the name(s) of the closest receiving water(s) which include but are not limited to a river, stream, brook, pond, lake, wetland, coastal wetland, ocean; i.e. unnamed tributary of Cold Brook or it may flow into an unnamed wetland. A MS4 is defined as a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains) that are owned or operated by a state, city, town, county, district, association or other public body and is designed or used for collecting or conveying stormwater).
6. List your primary and secondary 4-digit Standard Industrial Classification (SIC) codes or 2-character Activity Codes that best describes the principal products or services provided at the facility or site identified in Section C of this application. See Table One Sectors of Industrial Activity in the MSGP.

#### **Section D: Certification**

Enter printed name, date, title of position and signature. This application must be signed by:

- For a corporation: a responsible corporate officer
- For a partnership or sole proprietorship: a general partner or the proprietor
- For a municipal, State, Federal, or other public facility: either a principal executive or ranking elected official